

U.S. Department of Justice  
United States Marshals Service

Case 1:14-cv-01345-JGR Document 1-1 Filed 09/26/14 Page 1 of 1

PROCESS RECEIPT AND RETURN  
See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

JULIO MONTANO

COURT CASE NUMBER

14 CV 1345

DEFENDANT

C. ENWEREUZOR

TYPE OF PROCESS

Summons & Complaint

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

C. ENWEREUZOR



AT

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

65 Metropolitan Corr. Center  
150 Park Row, New York, NY 10007

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

JULIO MONTANO  
Register No. 39862-069  
Metropolitan Corr. Center  
150 Park Row  
New York, NY 10007

Number of process to be served with this Form - 285

Number of parties to be served in this case

1

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service).

Fold

Fold

Defendant is a correction officer employed at M.C.C. who was on duty on 5 South on December 23, 2013.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

n/a

DATE

08-17-2014

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

P1

District of Origin

054

District to Serve

054

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

9/20/14

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

C. Enwereuzor - Self

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

8/19/14

Time

4:30 pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal
\$			\$		

REMARKS:

4/29/14 - set up for mail service  
6/3/14 p/s

Serve copy at U.S. Attorneys Office

86 Chambers St, 3rd FL, NY, NY  
David Louison

Legal Technician/ Clerk  
Date Served 9/26/14

COPY RECEIVED

SEP 26 2014

US ATTORNEY'S OFFICE

SERVED BY CERTIFIED MAIL

RECEIPT #

PRIOR EDITIONS

MAY BE USED

DATE MAILED

700220300007

9/26/14

95540517

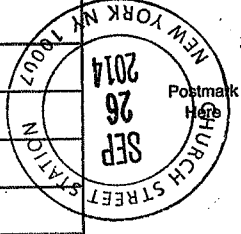
2. USMS RECORD

FORM USM-285 (Rev. 12/15/80)

(Instructions Rev. 12/08)

14-1345-1, 2, 3

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;"><i>The Attorney General Department of Justice Washington, DC 20530</i></p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <i>UCL 012014</i></p>
<p>2. Article Number (Transfer from service label) <b>7002 2030 0007 9554 0547</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D. </p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To <b>THE ATTORNEY GENERAL</b></p> <p>Street, Apt. No., or PO Box No. <b>DEPT. OF JUSTICE</b></p> <p>City, State, ZIP+4 <b>WASHINGTON, D.C. 20530</b></p>	
<p>PS Form 3800, June 2002 <span style="float: right;">See Reverse for Instructions</span></p>	

7002 2030 0007 9554 0547